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Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 calendar year, or tax year beginning 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: NATIONAL CONGRESS OF AMERICAN INDIANS, 1301 CONNECTICUT AVENUE, NW, SUITE 200, WASHINGTON, DC 20036

D Employer identification number: 53-0210846, E Telephone number: (202) 466-7767, F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No, H(b) If "Yes," enter number of affiliates, H(c) Are all affiliates included? Yes No, H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.NCAI.ORG

J Organization type (check only one) X 501(c)(4) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000

I Group Exemption Number, M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 2,553,143.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

SCANNED DEC 31 2007 Revenue

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 2,553,143. Expenses total: 2,284,402. Net Assets total: 761,652.

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I |  | (A) Total  | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--|------------|----------------------|----------------------------|-----------------|
| <b>22a</b>   | Grants paid from donor advised funds (attach schedule)<br>(cash \$ _____ noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>                |            |                      |                            |                 |
| <b>22b</b>   | Other grants and allocations (attach schedule)<br>(cash \$ <u>1,091,466.</u> noncash \$ _____)<br>If this amount includes foreign grants, check here <input type="checkbox"/>            | 1,091,466. | 1,091,466.           | STMT 1                     |                 |
| <b>23</b>  | Specific assistance to individuals (attach schedule)   |            |                      |                            |                 |
| <b>24</b>  | Benefits paid to or for members (attach schedule)  |            |                      |                            |                 |
| <b>25a</b>   | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)  | 25,467.    |                      | 17,426.                    | 8,041.          |
| <b>25b</b>   | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)   |            |                      |                            |                 |
| <b>25c</b>   | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) |            |                      |                            |                 |
| <b>26</b>  | Salaries and wages of employees not included on lines 25a, b, and c  | 298,627.   | 261,452.             | 16,597.                    | 20,578.         |
| <b>27</b>  | Pension plan contributions not included on lines 25a, b, and c   | 14,471.    | 10,423.              | 3,039.                     | 1,009.          |
| <b>28</b>  | Employee benefits not included on lines 25a - 27   | 35,047.    | 6,031.               | 28,417.                    | 599.            |
| <b>29</b>  | Payroll taxes  | 30,247.    | 20,919.              | 7,248.                     | 2,080.          |
| <b>30</b>  | Professional fundraising fees  |            |                      |                            |                 |
| <b>31</b>  | Accounting fees  | 13,523.    |                      | 13,523.                    |                 |
| <b>32</b>  | Legal fees   |            |                      |                            |                 |
| <b>33</b>  | Supplies   | 12,170.    | 3,414.               | 8,756.                     |                 |
| <b>34</b>  | Telephone  | 22,304.    | 13,042.              | 9,262.                     |                 |
| <b>35</b>  | Postage and shipping   | 10,801.    | 9,687.               | 1,114.                     |                 |
| <b>36</b>  | Occupancy  | 94,894.    |                      | 94,894.                    |                 |
| <b>37</b>  | Equipment rental and maintenance   | 8,334.     | 43.                  | 8,291.                     |                 |
| <b>38</b>  | Printing and publications  | 86,336.    | 82,792.              | 3,544.                     |                 |
| <b>39</b>  | Travel   | 203,918.   | 191,191.             | 12,727.                    |                 |
| <b>40</b>  | Conferences, conventions, and meetings   | 250,294.   | 240,069.             | 10,225.                    |                 |
| <b>41</b>  | Interest   |            |                      |                            |                 |
| <b>42</b>  | Depreciation, depletion, etc (attach schedule)   |            |                      |                            |                 |
| <b>43</b>  | Other expenses not covered above (itemize)   |            |                      |                            |                 |
| <b>43a</b>   | STMT 2   | 86,503.    | 129,187.             | -55,654.                   | 12,970.         |
| <b>43b</b>   |  |            |                      |                            |                 |
| <b>43c</b>   |  |            |                      |                            |                 |
| <b>43d</b>   |  |            |                      |                            |                 |
| <b>43e</b>   |  |            |                      |                            |                 |
| <b>43f</b>   |  |            |                      |                            |                 |
| <b>43g</b>   |  |            |                      |                            |                 |
| <b>44</b>  | <b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).   | 2,284,402. | 2,059,716.           | 179,409.                   | 45,277.         |

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b><br>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | <b>Program Service Expenses</b><br>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others) |
|---|--|
| <b>a ANNUAL CONVENTION AND OTHER MEETINGS- PROVIDE A FORUM FOR DISCUSSING NATIONAL ISSUES RELEVANT TO INDIAN TRIBES, INDIAN ORGANIZATIONS, AND NATIVE AMERICANS.</b><br><br>(Grants and allocations \$ <u>1,091,466.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>1,925,366.</b>  |
| <b>b OTHER PROGRAM SERVICES- TO PROVIDE A PUBLIC RELATIONS VEHICLE FOR TRIBAL ORGANIZATIONS.</b><br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>134,350.</b>  |
| <b>c</b><br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |
| <b>d</b><br><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  |  |
| <b>e Other program services (attach schedule)</b><br>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   |  |
| <b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . ►   | <b>2,059,716.</b>  |

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

|  |  | (A)<br>Beginning of year                                   |               | (B)<br>End of year |
|--|--|--|---------------|--------------------|
| Assets   | 45 Cash - non-interest-bearing   | 790,199.   | 45            | 647,954.           |
|  | 46 Savings and temporary cash investments  | 200,000.   | 46            | 529,607.           |
|  | 47a Accounts receivable  | 47a 11,991.  |               |                    |
|  | b Less: allowance for doubtful accounts  | 47b  | 27,518.       | 47c 11,991.        |
|  | 48a Pledges receivable   | 48a  |               |                    |
|  | b Less: allowance for doubtful accounts  | 48b  |               | 48c                |
|  | 49 Grants receivable   |  | 49            |                    |
|  | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)   |  | 50a           |                    |
|  | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) |  | 50b           |                    |
|  | 51a Other notes and loans receivable (attach schedule)   | 51a  |               |                    |
|  | b Less: allowance for doubtful accounts  | 51b  |               | 51c                |
|  | 52 Inventories for sale or use   |  | 52            |                    |
|  | 53 Prepaid expenses and deferred charges   | 15,175.  | 53            | 5,491.             |
|  | 54a Investments - publicly-traded securities   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a           |                    |
|  | b Investments - other securities (attach schedule)   | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b           |                    |
|  | 55a Investments - land, buildings, and equipment: basis  | 55a  |               |                    |
|  | b Less: accumulated depreciation (attach schedule)   | 55b  |               | 55c                |
|  | 56 Investments - other (attach schedule)   |  | 56            |                    |
|  | 57a Land, buildings, and equipment: basis  | 57a  |               |                    |
| b Less: accumulated depreciation (attach schedule)   | 57b  |  | 57c           |                    |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 4 )   |  | NONE   | 58 34,769.    |                    |
| 59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58  |  | 1,032,892.   | 59 1,229,812. |                    |
| Liabilities  | 60 Accounts payable and accrued expenses   | 142,992.   | 60            | 81,658.            |
|  | 61 Grants payable  |  | 61            |                    |
|  | 62 Deferred revenue  | 396,989.   | 62            | 386,502.           |
|  | 63 Loans from officers, directors, trustees, and key employees (attach schedule)   |  | 63            |                    |
|  | 64a Tax-exempt bond liabilities (attach schedule)  |  | 64a           |                    |
|  | b Mortgages and other notes payable (attach schedule)  |  | 64b           |                    |
|  | 65 Other liabilities (describe <input type="checkbox"/> )  |  | 65            |                    |
| 66 <b>Total liabilities.</b> Add lines 60 through 65   |  | 539,981.   | 66 468,160.   |                    |
| Net Assets or Fund Balances  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>      |  |               |                    |
|  | 67 Unrestricted  | 463,832.   | 67            | 732,573.           |
|  | 68 Temporarily restricted  | 29,079.  | 68            | 29,079.            |
|  | 69 Permanently restricted  |  | 69            |                    |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>                              |  |               |                    |
|  | 70 Capital stock, trust principal, or current funds  |  | 70            |                    |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund   |  | 71            |                    |
|  | 72 Retained earnings, endowment, accumulated income, or other funds  |  | 72            |                    |
| 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) |  | 492,911.   | 73 761,652.   |                    |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73  |  | 1,032,892.   | 74 1,229,812. |                    |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for adjustments. Total revenue (e) is 2,553,143.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for adjustments. Total expenses (e) is 2,284,402.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account. Row 1: SEE STATEMENT 7, 25,467, 2,582, NONE.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 16
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." SEE STATEMENT 10
d Does the organization have a written conflict of interest policy?

Table with 3 columns: Question, Yes, No. Contains rows 75b, 75c, 75d with 'X' marks in the Yes/No columns.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 shows -0- in all columns.

Part VI Other Information (See the instructions.)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If "Yes," enter the name of the organization NATIONAL CONGRESS OF AMERICAN INDIAN FUND and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) NONE
b Did the organization file Form 1120-POL for this year?

Table with 3 columns: Question, Yes, No. Contains rows 76, 77, 78a, 78b, 79, 80a, 81a, 81b with 'X' marks in the Yes/No columns.

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b N/A
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed DC
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 90b 22
91a The books are in care of THE CONGRESS Telephone no 202-466-7767
Located at 1301 CONNECTICUT AVENUE, NW, SUITE 200 WASHINGTON, DC ZIP +4 20036
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . **91c**  Yes  No  
 If "Yes," enter the name of the foreign country ▶ \_\_\_\_\_  
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .   
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **92** | N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

|  | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
|  | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion code                | (D)<br>Amount |  |
| <b>93</b> Program service revenue.                                     |                           |               |                                      |               |  |
| <b>a</b> CONVENTIONS   |                           |               | 07                                   | 1,277,766.    |  |
| <b>b</b> _____   |                           |               |                                      |               |  |
| <b>c</b> _____   |                           |               |                                      |               |  |
| <b>d</b> _____   |                           |               |                                      |               |  |
| <b>e</b> _____   |                           |               |                                      |               |  |
| <b>f</b> Medicare/Medicaid payments . . . . .                          |                           |               |                                      |               |  |
| <b>g</b> Fees and contracts from government agencies .                 |                           |               |                                      |               |  |
| <b>94</b> Membership dues and assessments . . .                        |                           |               |                                      |               | 579,613.                                       |
| <b>95</b> Interest on savings and temporary cash investments .         |                           |               | 14                                   | 24,566.       |  |
| <b>96</b> Dividends and interest from securities . .                   |                           |               |                                      |               |  |
| <b>97</b> Net rental income or (loss) from real estate                 |                           |               |                                      |               |  |
| <b>a</b> debt-financed property . . . . .                              |                           |               |                                      |               |  |
| <b>b</b> not debt-financed property . . . . .                          |                           |               |                                      |               |  |
| <b>98</b> Net rental income or (loss) from personal property . .       |                           |               |                                      |               |  |
| <b>99</b> Other investment income . . . . .                            |                           |               |                                      |               |  |
| <b>100</b> Gain or (loss) from sales of assets other than inventory    |                           |               |                                      |               |  |
| <b>101</b> Net income or (loss) from special events .                  |                           |               |                                      |               |  |
| <b>102</b> Gross profit or (loss) from sales of inventory . .          |                           |               |                                      |               |  |
| <b>103</b> Other revenue <b>a</b> _____                                |                           |               |                                      |               |  |
| <b>b</b> _____   |                           |               |                                      |               |  |
| <b>c</b> MISC. INCOME  |                           |               | 01                                   | 56,200.       |  |
| <b>d</b> _____   |                           |               |                                      |               |  |
| <b>e</b> _____   |                           |               |                                      |               |  |
| <b>104</b> Subtotal (add columns (B), (D), and (E)) . .                |                           |               |                                      | 1,358,532.    | 579,613.                                       |
| <b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶ |                           |               |                                      |               | 1,938,145.                                     |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|----------|--|
| 94       | PROVIDES A FORUM FOR ELECTED LEADERSHIP OF THE ORGANIZATION TO DISCUSS POLICY ON INDIAN ISSUES.  |
|          |  |
|          |  |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

| (A)<br>Name, address, and EIN of corporation, partnership, or disregarded entity | (B)<br>Percentage of ownership interest | (C)<br>Nature of activities | (D)<br>Total income | (E)<br>End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |
|  | %                                       |                             |                     |                           |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|     |    |
|-----|----|
| Yes | No |
|     | X  |

|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----                                  |                                       |                                |                           |
| b             | -----<br>-----                                  |                                       |                                |                           |
| c             | -----<br>-----                                  |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

|     |    |
|-----|----|
| Yes | No |
|     | X  |

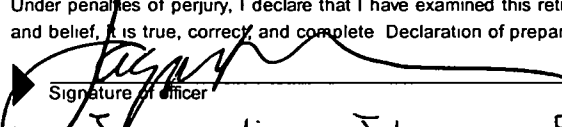
|               | (A)<br>Name, address, of each controlled entity | (B)<br>Employer Identification Number | (C)<br>Description of transfer | (D)<br>Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a             | -----<br>-----                                  |                                       |                                |                           |
| b             | -----<br>-----                                  |                                       |                                |                           |
| c             | -----<br>-----                                  |                                       |                                |                           |
| <b>Totals</b> |   |                                       |                                |                           |

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

|     |    |
|-----|----|
| Yes | No |
|     | X  |


**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 11/15/07

Type or print name and title: Issegueline Johnson Executive Director

**Paid Preparer's Use Only**

Preparer's signature:  Date: 11/14/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WATKINS, MEEGAN, DRURY & CO, LLC EIN: 52-1297695  
7700 WISCONSIN AVENUE, SUITE 500 Phone no: 301-654-7555  
BETHESDA, MD 20814

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

=====

NATIONAL CONGRESS OF AMERICAN INDIANS FUND  
1301 CONNECTICUT AVENUE, NW, SUITE 200  
WASHINGTON, DC 20036

AFFILIATE  
501 (C) 3

OPERATIONAL SUPPORT

1,091,466.

TOTAL CONTRIBUTIONS PAID

1,091,466.

=====

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION             | TOTAL   | PROGRAM SERVICES | MANAGEMENT AND GENERAL | FUNDRAISING |
|-------------------------|---------|------------------|------------------------|-------------|
| PROFESSIONAL FEES       | 17,416. | 2,450.           | 14,966.                |             |
| BANK CHARGES            | 24,759. |                  | 24,759.                |             |
| BROADCAST FAXES         | 1,838.  | 1,792.           | 46.                    |             |
| ONLINE INFORMATION      | 2,759.  | 222.             | 2,537.                 |             |
| MISCELLANEOUS           | 1,030.  | -2,285.          | 3,104.                 | 211.        |
| PUBLIC RELATIONS        | 557.    | 477.             | 80.                    |             |
| DUES & SUBSCRIPTIONS    | 8,040.  | 5,206.           | 2,834.                 |             |
| INSURANCE               | 10,235. |                  | 10,235.                |             |
| REPAIR & MAINTENANCE    | 6,994.  |                  | 6,949.                 | 45.         |
| EMPLOYEE RELATIONS      | 3,750.  |                  | 3,750.                 |             |
| STAFF DEVELOPMENT       | 2,826.  | 968.             | 1,858.                 | 5.          |
| MEALS AND ENTERTAINMENT | 6,299.  | 4,256.           | 2,038.                 |             |
| OVERHEAD ALLOCATION     |         | 116,101.         | -128,810.              | 12,709.     |
| TOTALS                  | 86,503. | 129,187.         | -55,654.               | 12,970.     |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

DEVELOP A FORUM TO DISCUSS AMER. INDIAN ISSUES.

FORM 990, PART. IV - OTHER ASSETS

=====

| DESCRIPTION        | BEGINNING<br>BOOK VALUE | ENDING<br>BOOK VALUE |
|--------------------|-------------------------|----------------------|
| -----              | -----                   | -----                |
| DUE FROM AFFILIATE | NONE                    | 34,769.              |
| TOTALS             | NONE                    | 34,769.              |
|                    | =====                   | =====                |

FORM 990, PART. IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

| DESCRIPTION<br>-----  | AMOUNT<br>-----              |
|---|------------------------------|
| AFFILIATE REVENUE   | 5,544,099.                   |
| REVENUE ELIMINATED FOR<br>CONSOLIDATION PURPOSES ON<br>FINANCIAL STATEMENTS | -1,091,466.                  |
| TOTAL   | -----<br>4,452,633.<br>===== |

FORM 990, PART. IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

| DESCRIPTION  | AMOUNT      |
|--|-------------|
| -----  | -----       |
| AFFILIATE EXPENSES   | 4,330,601.  |
| EXPENSES ELIMINATED FOR<br>CONSOLIDATION PURPOSES ON<br>FINANCIAL STATEMENTS | -1,091,466. |
|  | -----       |
| TOTAL  | 3,239,135.  |
|  | =====       |



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS  | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|------------------------------------|--------------|---|-----------------------------------|
| JOE GARCIA<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036        | PRESIDENT<br>10.00                 | NONE         | NONE                                    | NONE                              |
| JEFFERSON KEEL<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036    | 1ST VP<br>4.00                     | NONE         | NONE                                    | NONE                              |
| JUANA MAJEL-DIXON<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036 | SECRETARY<br>4.00                  | NONE         | NONE                                    | NONE                              |
| W. RON ALLEN<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036      | TREASURER<br>4.00                  | NONE         | NONE                                    | NONE                              |
| MANUEL HEART<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036      | TRUSTEE<br>2.00                    | NONE         | NONE                                    | NONE                              |
| MIKE WILLIAMS<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036     | TRUSTEE<br>2.00                    | NONE         | NONE                                    | NONE                              |
| JOE GRAYSON, JR   | TRUSTEE<br>2.00                    | NONE         | NONE                                    | NONE                              |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS   | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| 1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036                   |                                    |              |   |                                   |
| BOB CHICKS<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036     | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| RANDY R. NOKA<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036  | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| ERNIE STENSGAR<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036 | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| CHERYL SEIDNER<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036 | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| LEON JACOBS<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036    | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| STEVE JOHNSON<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036  | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS   | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|------------------------------------|--------------|---|-----------------------------------|
| KATHLEEN KITCHEYAN<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036 | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| MARK ALLEN<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036         | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| JACQUELINE JOHNSON<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036 | EXEC. DIR. 5.40                    | 25,467.      | 2,582.                                  | NONE                              |
| RAYMOND PARKER<br>1301 CONNECTICUT AVENUE, NW, SUITE<br>WASHINGTON, DC 20036     | TRUSTEE 2.00                       | NONE         | NONE                                    | NONE                              |
| GRAND TOTALS   |                                    | 25,467.      | 2,582.                                  | NONE                              |

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

COMPENSATION

EMPLOYER ID #

NAME, ORGANIZATION NAME, RELATIONSHIP

EXPENSE ACCT AND OTHER ALLOWANCES

|                    |            |          |         |      |
|--------------------|------------|----------|---------|------|
| JACQUELINE JOHNSON | 53-6017907 | 157,699. | 14,631. | NONE |
| NCAI FUND          |            |          |         |      |
| AFFILIATE          |            |          |         |      |

GRAND TOTALS

157,699.

14,631.

NONE

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box.  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.**

|   |   |   |
|---|---|---|
| Type or print<br><br>File by the extended due date for filing the return. See instructions. | Name of Exempt Organization<br><b>NATIONAL CONGRESS OF AMERICAN INDIANS</b>   | Employer identification number<br><b>53-0210846</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>1301 CONNECTICUT AVENUE, NW, SUITE 200</b> | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>WASHINGTON, DC 20036</b> |   |

Check type of return to be filed (File a separate application for each return):

|  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE CONGRESS**  
Telephone No. **202 466-7767** FAX No. **202 466-7797**
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **11/15, 20 07**.
- For calendar year **2006**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **TAXPAYER IS AWAITING INDEPENDENT THIRD PARTY INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. THE RETURN WILL BE FILED AS SOON AS THE INFORMATION IS AVAILABLE.**

|  |       |      |
|--|-------|------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | 8a \$ | NONE |
| 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | NONE |
| 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 8c \$ | NONE |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Paul J. With* Title C. P. A. Date 8/9/07

**Notice to Applicant. (To Be Completed by the IRS)**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for electors otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

|               |  |
|---------------|--|
| Type or print | Name<br><b>WATKINS, MEEGAN, DRURY &amp; CO, LLC</b>  |
|               | Number and street (include suite, room, or apt. no.) or a P.O. box number<br><b>7700 WISCONSIN AVENUE, SUITE 500</b> |
|               | City or town, province or state, and country (including postal or ZIP code)<br><b>BETHESDA, MD 20814</b>             |
|               |  |